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ABSTRACT

The effectiveness of the planning process at the Medical Center Campus of Miami-Dade Community College was evaluated, addressing how and to what extent campus personnel perceived the planning process as guiding decisions, resource allocations, and activities to realize the strategic outcomes. The qualitative method of naturalistic inquiry, specifically a descriptive case study approach, was selected to identify common perceptions of the planning process. Data sources included semistructured interviews with campus personnel and a review of previous plans. Analysis found six major themes related to the strategic planning process: (1) method; (2) comprehension; (3) format; (4) influence; (5) feedback; and (6) results. After considering these themes, recommendations were made for revising the strategic plan and renaming the annual campus operational plan. Revisions to the annual operational planning procedure were suggested, along with staff and faculty development in the areas of strategic and operational planning and further evaluation of the planning process. Four appendixes present organizational charts. (Contains 25 references.) (SLD)

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THE EVALUATION OF THE STRATEGIC PLANNING PROCESS AT THE MEDICAL CENTER CAMPUS OF MIAMI-DADE COMMUNITY COLLEGE

by

Gale R. Woolley, Ed.D., A.R.N.P.

Miami, Florida

November, 1993

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ABSTRACT

The Evaluation of the Strategic Planning Process at the Medical Center Campus of Miami-Dade Community College

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The purpose of this study was to evaluate the effectiveness of the planning process at the Medical Center Campus of Miami-Dade Community College. Specifically, this research addressed how and to what extent Campus personnel perceived the planning process as guiding decisions, resource allocations and activities to realize the strategic outcomes.

The qualitative methodology of naturalistic inquiry, specifically a descriptive case study approach, was selected to identify common perceptions of the current planning process, as well as to determine to what extent objectives in the plan were achieved. The major data sources for the study included semi-structured interviews of campus personnel and review of the last years' plans.

Data analysis revealed six major themes related to the strategic planning process on the Medical Center Campus. In order of prominence, these were: **method**, which included issues related to time-consumption, allocation of resources, lack of clear contingency plans, preference for a multi-year plan, and lack of collaboration with other units when writing plans; **comprehension**, which included issues related to funding, relationship between unit and campus plan, function of the plan, and establishment of priorities; **format**, which included issues related to organization and layout of the plan; **influence**, which included issues related to who receives recognition in the planning process and ownership of the plan; **feedback**, which included issues related to the amount of feedback provided and the timing of when feedback is received; and **results**, which included issues related to how individuals perceived the plan as worthwhile and efficient.

Recommendations included: revising the strategic plan; renaming the annual campus operational plan; modifying the annual campus operational planning procedure; providing faculty and staff development on strategic and operational planning; and future evaluation of the planning process.

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CHAPTER 1

INTRODUCTION

INTRODUCTION TO THE STUDY

Although the concept of strategic planning began to make an impact in business organizations in the late 1970's, it was not introduced into the academic arena until several years later when George Keller wrote his book, Academic Strategy: The Management Revolution in Higher Education (1983). Since this time, several community colleges have developed and implemented strategic plans (Ellison, 1985; Hudgins, 1990; Ostertag, 1990). Some of these institutions have recently evaluated their planning processes. The Medical Center Campus of Miami-Dade Community College was among these.

Perhaps the most appropriate place to begin is with a general understanding of the concepts of strategic and operational planning. Jones and Daniel (1990) define strategic planning as "the process of attempting to accrue resources more quickly than they are depleted" (p. 76). "Resources" in higher education include not only monies, but also students and goodwill. The essence of strategic planning is that it "attempts to create the future rather than merely let it happen" (Jones and Daniel, 1990, p.76).

Kaufman (1990) believes that "The most important contribution of strategic planning is not the plan itself, but the mind-set which comes from actually thinking strategically" (p. 2). It involves proactive planning which seeks to create an improved reality as opposed to reactive planning which responds after the fact to pressures and stresses.

One of the basic principles of strategic planning is that it involves those who are impacted by strategic decision-making (Jones and Daniel, 1990). Without total involvement, members of the institution cannot be empowered to seek their own destiny.

Operational planning, on the other hand, is "an ongoing annual process...that provides the details for translating the college's priority initiatives into actions" (Hudgins, 1990, p.3). A major operational planning activity is development of an annual budget and/or development of a plan to determine disbursement of funds.

Morrisey (1987) states that "Operational planning clearly defines what an organization intends to accomplish, how and when this will take place, and who will be accountable" (p. 1). In addition, the operational plan is the means by which an organization's strategic plan is implemented. Any strategic plan can be effective only to the extent that it influences decisions and commitments of the resources (Schendel, 1981). A strategic plan should dominate operations.

BACKGROUND TO THE STUDY

The concept of strategic planning was introduced and initiated at the Medical Center Campus (MCC) of Miami-Dade Community College (MDCC) with the arrival of a new campus president in 1989. The new administration held the firm belief that a well-conceived plan must precede both qualitative and quantitative growth and change toward a desired future. No formal plan existed on the Campus prior to this time.

The process for planning followed a traditional strategic model which created opportunities for broad participation by both internal and external constituent groups (Kaufman and Jacobs, 1987). Toward that end, two councils were convened for discussion, interaction and, ultimately, the development of a strategic plan.

The Campus Planning Council (CPC) was composed of faculty, administrators, and classified staff and served to represent the internal knowledge base of teaching and learning at the Medical Center Campus. The Community Advisory Committee for Strategic Planning (CACSP), a 21-member advisory panel composed of community leaders, served as the external group representing a range of knowledge bases, interests and expectations. Together, these groups produced A Strategic Blueprint for Action, a living document designed to set forth a path for the Medical Center Campus through the 1990's.

OVERVIEW OF CURRENT PLANNING PROCESS

Each year, beginning with the 1990-1991 academic year, the CPC and CACSP met separately to review the strategic issues of the plan and select areas for focus in the upcoming academic year. Consensus between the two committees was facilitated via communication by the campus planning liaison, a faculty member nominated by the faculty and staff and appointed by the campus president.

The campus planning liaison presented the report of the two committees to the Campus Executive Committee (CEC) of which each member, in turn, solicited feedback from respective area personnel. Responses were considered with final approval of the report by the Campus Executive Committee (see Appendix A).

The planning process continued with each chairperson convening staff and faculty for input into the departmental plan. The departmental plan was submitted to the dean, who compiled the area plan. The deans, of which there are four (4), submitted their respective area plans to the campus president for presentation to the Campus Executive Council who compiled the Campus plan (see Appendix B).

It is important to reemphasize that feedback was solicited from all Campus personnel at each step of the planning process. This is a primary principle of strategic planning.

PURPOSE OF THE STUDY

The purpose of this study was to evaluate the effectiveness of the planning process at the Medical Center Campus of Miami-Dade Community College. Specifically, this research addressed how and to what extent Campus personnel perceived the planning process as guiding decisions, resource allocations and activities to realize the strategic outcomes.

STATEMENT OF THE PROBLEM

Although the Nursing program was initiated by the College in 1963, a new health occupations division was not created until 1966. Given the high demand for more health career programs, the Medical Center Campus of Miami-Dade Community College was designated as a specialty campus in 1974. It was located in two separate locations in Dade County.

During this period, the newly appointed chief administrative officer of the Medical Center Campus focused all planning around securing property and a common building for all medically-related programs. Emphasis was also placed on the development of curriculum and establishing affiliations with surrounding clinical agencies so that students could practice clinical skills.

Although the Medical Center Campus moved into its own new building in 1977, planning still revolved around daily operations and designing an addition to the existing structure. There was no comprehensive plan for the future direction of the Campus, save expansion of programs. Broad critical issues for the Campus had not been identified nor had priorities been established. Over the years, resources became increasingly scarce, and there was no formal plan for how to allocate the limited ones that did become available.

Through the next decade, more and more students continued to arrive and new programs were initiated. Resources, however, remained scarce. The number of personnel was not growing in proportion to the number of students. Computers, software, and other desperately needed equipment were not arriving on Campus, as there was no method to express that such needs existed. Personnel struggled valiantly to meet the students' needs to the best of their ability, but the pulse of the Campus was beginning to slow. People were tired.

This quickly waning morale was compounded by the mistrust of the mid- and upper levels of management. There needed to be a dramatic change from the closely-held approach to decision making of the past to one which embraced inclusiveness for the future.

When the new president arrived at the Medical Center Campus in 1989 she conducted a quick assessment of the environment, and introduced the concept of strategic planning to all personnel. That action was grounded in the belief that a planning process would, among other outcomes, help faculty and staff to acquire those resources needed to better serve students. Most important, a formal planning process would create a unity of purpose and direction, by bringing people together to chart the "where" and the "how" of the future toward which they could aspire.

The planning initiative created new demands for visioning and action-based decisions by employees who, heretofore, had been unengaged in the overall shape of the Campus. Many had to be convinced that planning was the only way to at least create awareness for needed resources, and, hopefully as resources allowed, to receive them.

With the initial assistance of an outside consultant, the continuing aid of the campus planning liaison and the

training support of the Teaching Learning Center, the Medical Center Campus of Miami-Dade Community College has been engaged in strategic planning for three years. Some advantages and disadvantages of the planning endeavor have been obvious. Prior to this study, however, the overall value of the results of planning had not been measured.

Although strategic planning has been employed for several years in the business world, it is a relatively new practice, not only on the Medical Center Campus, but in all educational institutions. It is also one "of the least evaluated, and probably least accountable activities in most organizations" (Gray, 1191, p.441). In addition, no single approach for evaluating a strategic planning process has been agreed upon, although some schools have completed administrative reviews of some nature (Hudgins, 1990; Delaino, 1992).

A descriptive case study approach is one method by which an evaluation of a planning process can occur. In an educational setting, such a study may yield several results. First, it can provide a forum for debate and discussion of the philosophical foundations of strategic planning in the community college in contemporary times. Second, it can expand knowledge of strategies that leaders in community colleges can use to provide direction for carrying out the institution's mission. Third, the study may identify new strategies or reaffirm existing strategies in the process which would improve the allocation of constantly diminishing resources.

Case study research can capture the way that those who participated in the strategic planning process interpret significance. It can also translate the reality of situations by listening to the perspectives of Campus personnel. Through this qualitative investigative mode, the researcher can evaluate the merit of the strategic planning process.

RESEARCH QUESTIONS

The research questions in the study were used to clarify and direct the flow of data. The principle query of this investigation was: To what extent do Medical Center Campus personnel perceive the planning process as guiding decisions, resource allocations and activities toward realizing the strategic outcomes?

Additionally the study was conducted to obtain information on significant aspects of the planning process as guided by the following questions:

1. To what extent do Campus personnel feel that they are part of the planning process?

2. How useful is the department and/or Campus plan(s) for chairpersons? for deans?

3. What is the role of the dean in the planning process?

4. How has the Campus achieved action priorities identified in the plan?

5. What has been the relationship between campus action priorities and departmental and area objectives, respectively?

6. How can the planning process be modified or enhanced to meet the needs of most people on Campus?

7. How can the planning process be streamlined without damaging its effectiveness?

8. Are there specific areas in which Campus personnel lack understanding of the planning process?

CHAPTER II

METHODOLOGY

INTRODUCTION

A descriptive case study approach was used for this research. A case study is "...an examination of a specific phenomenon such as a program, an event, a person, a process, an institution, or a social group" (Merriam, 1988, p.9).

The case study can be further defined by its four special features: 1) particularistic, meaning that it focuses on a particular situation, phenomenon, or process; 2) descriptive, meaning that the end product is a rich, thick description of the phenomenon under study; 3) heuristic, meaning that it illuminates the reader's understanding of the phenomenon under study; and 4) inductive, meaning that, for the most part, it relies on inductive reasoning (Merriam, 1988). The critical features of the case study approach are that it investigates a contemporary phenomenon within its real-life context and that it utilizes multiple sources of evidence (Yin, 1984).

As such, it was the appropriate strategy to evaluate the strategic planning process on the Medical Center Campus. That is, the research sought to explain the extent to which the planning process effectively and efficiently guides activities on Campus.

PHILOSOPHICAL ASSUMPTIONS OF THE CASE STUDY APPROACH

The case study approach is one method of conducting a qualitative or naturalistic inquiry. This approach seeks to understand the meaning of an experience (Merriam, 1988). Merriam (1988) lists four philosophical assumptions of the case study approach that differentiate this type of research from a quantitative study:

1. Qualitative researchers are more concerned with how things happen, or the **process**, rather than outcomes;

2. Qualitative researchers are more interested in how people interpret their experiences, or the **meaning** of them;

3. The researcher is the **primary instrument** for the collection and analysis of data processing, clarifying and summarizing it immediately as the study evolves; and

4. Qualitative research involves **fieldwork** in which one must physically go to the people in order to observe the process in its natural setting

In the context of evaluating the strategic planning process on the Medical Center Campus, it was essential not only to learn and interpret the perceptions of personnel of the current planning process, but to discover exactly to what extent objectives in the plan were achieved. It was also crucial to identify specific areas in which there needs to be greater understanding of the planning process on the part of campus personnel.

DESIGN OF THE STUDY

In research, the design of the study refers to how the researcher plans to proceed. In order to conduct a thorough evaluation, the researcher sought to identify common perceptions among campus personnel about their experiences with the current strategic planning process. Further, it was important to discover to what extent objectives in the plan were achieved. This was accomplished by a review of notes from semi-structured interviews and the previous three years' Campus plans.

Interviews were conversational in tone and covered a range of sub-topics regarding the planning process. Although the researcher interviewed representatives from the three levels of personnel on Campus, namely administration, faculty and support staff, attention was focused on those individuals who actually developed and have a need to frequently refer to the plan. These groups included: 1) the department chairpersons, who are responsible for overseeing the academic programs; 2) the

campus managers, who are responsible for overseeing the non-academic areas; 3) the two associate deans; and 4) the four deans, three of whom oversee the academic areas and the fourth, who administratively oversees the campus budget and expenses.

VALIDITY AND RELIABILITY OF THE STUDY

"Internal validity deals with the question of how one's findings match reality" (Merriam, 1988, p. 166). The basic concerns are that the researcher is measuring what he or she intended and that the findings identify what is really there.

Several strategies were employed to ensure internal validity. First, **triangulation**, or using multiple sources of evidence, was utilized (Merriam, 1988). Inspection of the past three years' plans, semi-structured interviews, direct observations and focused interviews formed the case's data base. Second, **member checks**, or taking the data and interpretations back to the people who provided the information were conducted so that they could confirm or dispel the logic of the coding categories. Third, the researcher solicited **peer examination** of the data from three faculty members who have had considerable experience with this type of pinvestigation. And finally, the researcher **bias** was addressed at the beginning of the study.

"Reliability refers to the extent to which one's findings can be replicated" (Merriam, 1988, p. 170). Since this researcher was seeking to describe and interpret a specific case study as it occurred over the last three years, it is not likely that this study could be exactly replicated, as different individuals, resources, and conditions would exist if the process were evaluated at another time. However, the method utilized to evaluate the planning process could certainly be employed again at another time in similar community college settings, yielding quite valuable results for those institutions. As Lincoln and Guba (1985) state, reliability in qualitative research is "...not prized for its own sake but as a precondition for validity" (p. 292).

THE SAMPLE

A purposive sample was chosen for this study. This method is, "... based on the assumption that one wants to discover, understand, gain insight" (Merriam, 1988, p.48). Consequently, the researcher needs to select a sample which will provide the most representative perspective.

The goal of purposive sampling is to particularize by including as much information and detail as possible. It was the researcher's intention to gather information from administrators, faculty and staff who participated in the planning process.

The mode of sampling utilized in the study was maximum variation (Patton, 1987). The goal of maximum variation is to capture thematic patterns across heterogeneous groups. In the context of this study, it meant that the sample included all levels of Campus personnel. By including individuals with diverse positions and experiences in the sample, the researcher was able to understand variations in perceptions as well as shared views among administrators, faculty and support staff.

INSTRUMENTATION AND DATA GATHERING

As previously mentioned, the researcher is the primary instrument for data collection in a qualitative study. As such, he or she is responsive to the context; can adapt techniques to the circumstances; can consider the total context; can expand what is known about the situation through sensitivity to nonverbal aspects; and can process, clarify and summarize data immediately as the study evolves (Guba and Lincoln, 1985). On the other hand, adequate safeguards must be mounted against investigator bias to ensure as much objectivity and trustworthiness as humanly possible (Lincoln and Guba, 1985).

The researcher in this study is a faculty member and presently serves as the campus planning liaison on the Medical Center Campus at Miami-Dade Community College. The researcher's background is that of an advanced nurse practitioner in psychiatric-mental health nursing. In addition to full-time teaching responsibilities in the Nursing

Education Department on the Medical Center Campus, she was appointed to serve as campus planning liaison by the campus president three years ago. The role of this individual is to serve as a resource on the planning process to all Campus personnel; chair the Campus Planning Council; and facilitate and coordinate communication between the Community Advisory Committee for Strategic Planning and the Campus Planning Council and other units of the Campus.

Researcher bias was minimized by engaging three faculty members in a review of the data. These faculty have had extensive experience with this type of inquiry and were not directly involved in the evaluation of the planning process. Member checks were also conducted with the groups from which the researcher collected data. In addition, multiple sources of data were collected, namely notes from group, as well as one-to-one, interviews and plans from the past three years.

The researcher began collecting data by meeting with the larger groups who write the Campus plan, namely, the Campus Executive Committee, the Chairperson's Committee and the Managers' Committee. Semi-structured interviews were conducted. Questions focused on how individuals saw the planning process particularly as it may have had any impact in their department, area or Campus; whether individuals felt part of the planning process; whether individuals saw a relationship between action priorities and Campus objectives; and whether individuals perceived the plan to be an effective, efficient, and useful tool. Careful notes were

taken by the researcher, and in some cases, when the groups were large, a participant also recorded notes. In these instances, both sets of notes were compared.

Following the large group meetings, the researcher conducted similar interviews with smaller groups involved with the planning process. These included the four deans, each of the two associate deans, faculty from specific departments, staff who participated in the planning process, and staff who typed the plan. In some instances, when departments were extremely small, the researcher conducted one-to-one interviews with the director or chairperson. Several individuals and groups were re-approached by the researcher for either more information or clarification.

The researcher also requested that each dean, department chairperson and manager mark items that they have received in their plans in the past three years. The researcher then transposed this information onto a master copy of the Campus plan so that received items could be easily seen. This also was checked by two other faculty members.

Data collection from multiple interviews continued until "data saturation" was reached (Bogdan and Biklen, 1982). This occurs when information gathered becomes redundant.

CHAPTER III

RESEARCH FINDINGS

INTRODUCTION

The purpose of this study was to evaluate the effectiveness of the planning process at the Medical Center Campus of Miami-Dade Community College. Specifically, this study explored the participants' points of view about how and to what extent the planning process guides decisions, resource allocations and activities to realize the strategic outcomes. Additionally, the study explored significant aspects of the planning process including the extent to which Campus personnel were involved in the process, its usefulness, its efficiency and individuals' roles in planning.

During data analysis, six major themes emerged as participants discussed their experiences and feelings regarding the planning process. They were: (1) method; (2) comprehension; (3) format; (4) influence; (5) feedback; and (6) results.

The discussion of findings begins with a profile of the Medical Center Campus of Miami-Dade Community College, including a breakdown, by classifications, of Campus personnel. Next, the data analysis is discussed with a more in-depth presentation of the themes that emerged from interviews and an inspection of the past three years' Campus plans. The chapter concludes with a summary of the discussion.

PROFILE OF THE MEDICAL CENTER CAMPUS OF MIAMI-DADE COMMUNITY COLLEGE

The Medical Center Campus is one of five campuses in the Miami-Dade Community College system. The Campus provides education programs for transfer to a senior university, entry into over twenty-two health careers, updating health career skills, and special service to the community. The Medical Center Campus graduates the largest number of nurses and allied health professionals in the State of Florida and awards the associate in Arts Degree, associate in Science Degree, College Credit Certificates and Vocational Certificates.

There are two hundred forty-three (243) people employed at the Medical Center Campus. Thirty (30), or 12 percent, are administrators. One hundred eleven (111), or 46 percent, are full-time faculty. And, one hundred three (103), or 42 percent, are classified staff. Of the full-time employees, 70 percent are female.

During the 1992-1993 academic year, the Medical Center Campus recorded a headcount enrollment of 5,683 students, the majority of whom were minority students (35 percent Hispanic; 36 percent Black; and 3 percent Other). The average age of students was 30.5 years, with 30 percent reporting themselves as male and 70 percent as female.

DATA ANALYSIS

Six major themes emerged in the data analysis related to the strategic planning process on the Medical Center Campus. Campus personnel discussed their feelings and experiences in the planning process, including those areas that they wanted to see modified. The prominence of a theme was determined by the amount of time participants spent discussing the theme as well as the number of questions posed relating to it.

Overwhelmingly, the most prominent theme involved the issue of **METHOD**, that is, the degree to which persons perceive the procedure is efficient and effective in developing a consensus-based plan. The most commonly-voiced concern about the method of planning was that the process for developing the plan was far too time-consuming. Specifically, individuals expressed that other important academic responsibilities were being neglected in order to write the plan.

Also in relation to method, several individuals expressed concerns around the allocation of resources. There was some desire expressed to restructure existing resources along with securing new ones. For instance, the question of moving to a zero base budget was raised in several conversations, along with changing the funding categories that are considered in the plan.

In addition, individuals expressed concerns around the decision-making process of allocating resources. Some individuals expressed that the criteria on which decisions were made were too broad; others were concerned that hammering out final decisions around a large conference table was not orderly enough.

Other recurring issues related to method were: **lack of clear contingency plans**, or "What do we do in emergency situations, or when the process of change is occurring?"; a desire to move to a **multi-year plan** so that the process would have more fluidity, becoming a series of continuous loops; and **lack of collaboration** with other units when writing the plan.

Individuals stated that writing the plan with input from other units would likely decrease the duplication of requests. In fact, it is possible that some units could discover that they might be able to share resources, further substantiating their need. Additionally, supplemental resources or cooperative services from another unit needed to achieve a objective would become evident.

The second most prominent theme revealed in the data analysis was the issue of **COMPREHENSION**, that is, the degree to which persons understand the planning process and college systems with which planning interfaces. Questions centered around funding were asked three times as often as those asked in any other area. Individuals

posed more questions related to the College, as opposed to the Campus, system of distributing funds.

The issue of understanding the relationship between the unit plan and the Campus plan also prompted several questions. Individuals stated that they did not see evidence of their unit objectives in the finished Campus plan.

Two other recurring issues related to comprehension concerned the function of the plan, or the overall purpose of a strategic plan and the establishment of priorities. Questions were posed regarding the origin and evolution of priorities of Campus objectives and needs. Several individuals stated that they could not see how Campus priorities came from department plans.

Closely following the theme of comprehension, data analysis revealed that **FORMAT** was the third most prominent theme. Format was defined as the degree to which persons perceive the organization and layout of the plan is efficient. Equal numbers of expressed concerns centered around the actual organization and layout of the plan.

In relation to the organization of the plan, several participants voiced that they would prefer to list their unit objective in priority order, along with all the resources needed to meet the objective. In addition, several individuals stated that they believed that objectives and action priorities were too broad.

In relation to the layout of the plan, several individuals described the present computer software utilized to write the plan as too constrictive. They stated that they were uncomfortable with the limited number of screens, fields and words that the program allowed. In addition, several participants reported that the software was not particularly user-friendly and they would forget how to use features of the program between times for writing the plan.

The fourth most prominent theme revealed in the data analysis was **INFLUENCE**, that is, the degree to which persons perceive that they or others can affect the planning and resource allocation decisions. Clearly, the most prevailing issue concerning influence was that of **recognition**. Participants expressed that each program did not receive adequate recognition in the current planning process. They believed that, since some individuals represent numerous departments, "people" were recognized, but not necessarily all the programs that they represented.

A second issue related to influence was that of **ownership**. Individuals stated that, although faculty seemed to be more aware of resource allocation, most did not feel a sense of ownership of the plan. Several participants expressed that many classified staff were not asked to participate in the planning process and, therefore, felt no sense of ownership.

It is significant to note that the fifth and sixth most prominent themes trailed the other themes considerably in frequency of mention. The fifth most prominent theme was **FEEDBACK**, that is, the degree to which persons perceive they receive information about the results of the planning process.

Participants expressed concern regarding the amount of feedback in the planning process. Several individuals responded that they received little or no feedback on specific items, such as travel, equipment, facilities, renovation and remodeling requests in their plans.

Another issue of concern was the timing of the feedback. The general consensus of individuals who expressed concern in this area was that feedback on requests and on the plan, in general, did not occur soon enough to be particularly useful.

The sixth prominent theme was that of **RESULTS**, that is, the degree to which persons or groups of persons building a plan perceive that they achieve the objectives of their plan. Individuals talked about results mainly in relation to whether the time and energy invested in devising the plan was worthwhile. Most participants were able to list achievements of their departments since the inception of strategic planning. Positive comments from individuals who stated that having a plan was worthwhile were five times more frequent than negative comments.

The second issue discussed in relation to results was that of **efficiency**. Some individuals commented that they could definitely see the benefits of strategic planning, however, due to the present method, felt that the plan was circumvented much of the time.

SUMMARY

Data analysis revealed six major themes related to the strategic planning process on the Medical Center Campus. In order of prominence, these were: **method**, which included issues related to time-consumption, allocation of resources, lack of clear contingency plans, preference for a multi-year plan, and lack of collaboration with other units when writing plans; **comprehension**, which included issues related to funding, relationship between unit and campus plan, function of the plan, and establishment of priorities; **format**, which included issues related to organization and layout of the plan; **influence**, which included issues related to who receives recognition in the planning process and ownership of the plan; **feedback**, which included issues related to the amount of feedback provided and the timing of when feedback is received; and **results**, which included issues related to how individuals perceived the plan as worthwhile and efficient.

CHAPTER IV

SUMMARY, CONCLUSIONS, RECOMMENDATIONS

This study aimed at presenting a descriptive evaluation of the strategic planning process at the Medical Center Campus Miami-Dade Community College. By learning the perspectives of campus personnel, the researcher, through the qualitative investigative mode, evaluated the merit of the strategic planning process.

A case study approach was selected for this study because the researcher was interested in insight and interpretation, as opposed to hypothesis testing. This approach to understanding and explaining is particularistic, descriptive, heuristic and inductive in nature (Merriam, 1988). The real advantage of such an approach is that the data collected is in the words of the participants rather than from a predetermined list of options developed by the researcher.

The research questions in the study were used to clarify and direct the flow of data. Within the context of the strategic planning process at the Medical Center Campus, the principle query of this investigation was: To what extent do campus personnel perceive the planning process as guiding decisions, resource allocations and activities toward realizing the strategic outcomes?

Additionally, the study was conducted to obtain information on significant aspects of the planning process as guided by the following questions:

1. To what extent do campus personnel feel that they are part of the planning process?

2. How useful is the departmental and/or campus plan(s) for chairpersons? for deans?

3. What is the role of the dean in the planning process?

4. How has the Campus achieved action priorities identified in the plan?

5. What has been the relationship between campus action priorities and departmental, and area objectives respectively?

6. How can the planning process be modified or enhanced to meet the needs of most people on Campus?

7. How can the planning process be streamlined without damaging effectiveness?

8. Are there specific areas in which campus personnel lack understanding of the planning process?

The primary sources of data were semi-structured interviews and review of the last three years' campus plans. Questions in the interviews focused on how individuals saw the planning process particularly as it may have had any impact in their department, area or Campus; whether individuals felt part of the planning process; whether individuals saw a relationship between action priorities and campus objectives; and whether individuals perceived the plan to be an effective, efficient and useful tool. Data collection continued until information gathered became redundant.

The sampling method employed in this case study was purposive, utilizing maximum variation (Patton, 1987). The researcher selected individuals from all levels of campus personnel, namely, administrative, faculty and classified staff who were involved in the planning process. The aim was to understand variations in perceptions and shared views, as well as to capture thematic patterns which emerged across the heterogenous nature of the sample.

Data analysis revealed six major themes related to the strategic planning process on the Medical Center Campus. In order of prominence, these were:

1. **method** - included issues related to time-consumption, allocation of resources, lack of clear contingency plans, preference for a multi-year plan and lack of collaboration with other units when writing plans;

2. **comprehension** - included issues related to funding, relationship between the unit and the campus plan, function of the plan and establishment of priorities;

3. **format** - included issues related to organization and layout of the plan;

4. **influence** - included issues related to who receives recognition in the planning process and ownership of the plan;

5. **feedback** - included issues related to the amount of feedback provided and the timing of when feedback is received; and

6. **results** - included issues related to how individuals perceived the plan as worthwhile and efficient.

CONCLUSIONS

The principle query of this investigation was: To what extent do campus personnel perceive the planning process as guiding decisions, resource allocations and activities

toward realizing the strategic outcomes? Analyses of data indicated that of all the themes emerging from discussions with participants, **results** was the least prominent. That is, participants spent less time discussing their concerns related to the results of the planning process than they did with other concerns related to it. Participants made several comments that spoke to the benefits of strategic planning; however, there were far more concerns relating to the procedure in which it was implemented.

Positive comments from individuals who stated that having a plan was worthwhile were five times more frequent than negative comments. The focus of the negative comments was centered primarily on the belief that the plan was circumvented at times because of the present method of implementing it.

For example, participants responded that there were several occasions when a resource was acquired that was not originally in the plan. When they inquired as to how this occurred, they were told the resource was acquired because of an emergency or unexpected situation or that the particular funding allocation was restricted for a specific use. These responses demonstrate that while campus personnel perceive that planning produces results, they do not necessarily perceive that the planning procedure adheres to a consensus-based plan.

Further substantiating this contention, **method** was the most prominent theme that emerged from the data analyses. That is, participants voiced twice as many comments and consumed considerable more time discussing issues and concerns related to method than any of the other themes. Participants stated most frequently that writing the plan was "far too time-consuming" and that other important academic responsibilities were being neglected in order to write the plan.

Other methodological issues were expressed around the procedure for allocating resources, lack of clear contingency plans, a desire to move to a multi-year plan and lack of collaboration with other units when writing the plan. Thus, these responses further demonstrate that while campus personnel do perceive the concept of strategic planning as guiding decisions, resource allocations and activities, again, they do not necessarily perceive that the procedure adheres to a consensus-based plan.

The study was guided by eight additional research questions. The first was: To what extent do campus personnel feel part of the planning process? Data analysis revealed that **influence**, or the degree to which persons perceive that they or others can affect the planning and resource allocation decisions, was the fourth most prominent theme. Ownership of the plan was an issue that emerged when participants discussed influence.

Deans, associate deans, managers and chairpersons expressed a great deal of ownership in regard to the plan, as they are the primary authors. There was general consensus that most faculty do not feel a sense of ownership to the plan, although they are more aware of resource allocation. Several classified staff responded that they were not asked to actively participate in the development of the plan, although they were asked to assist in compiling it. Thus, these responses demonstrate that while deans, associate deans, managers and chairpersons do feel part of the planning process, faculty and classified staff do not necessarily share these feelings.

The second research question was: How useful is the departmental and/or campus plan(s) for chairpersons? deans? As previously stated, results, or the degree to which persons or groups of persons building a plan perceive that they achieve objectives of their plan, was the sixth prominent theme. In other words, there was general consensus that the planning process was worthwhile in terms of achieving objectives.

Deans, as a group, expressed more positive statements regarding the usefulness of the plan than did the chairpersons and managers. Deans cited specific equipment items and personnel lines that were acquired as a result of the plan. They also stated that they referred to the plan frequently.

Chairpersons and managers focused again more on the method of implementing the plan rather than the achievements. Some chairpersons and managers perceived that the plan was circumvented much of the time or not being used as it was designed. Thus, these responses demonstrate that deans perceive the plan to be useful, whereas the chairpersons and managers perceive the plan could be useful, if the procedure for using it were more efficient.

The third research question was: What is the role of the dean in the planning process? The evidence of this study indicated that the role of the four deans varied somewhat in the planning process. Two of the deans were directly involved in leading development of their area plans, whereas the other two deans delegated either the entire task or part of it to their associate deans. In both instances, faculty and staff were provided with the opportunity to participate.

In addition, perceptions of the role of the dean, in the final stages of the planning process, also varied. Several participants expressed that although each dean is recognized at the final planning meetings of the Campus Executive Committee, each program or unit that some deans represent does not receive adequate recognition. There was general consensus that the job of those deans who represented several units was much more difficult than the job of those who represented only one or two units in the current planning process.

The fourth research question was: How has the Campus achieved action priorities identified in the plan? Inspection of the past three years' campus plans revealed that, of the 1990-1991 action priorities, 54 percent were achieved, 33 percent were partially achieved , and 13 percent were not achieved. Review of the 1991-1992 action priorities revealed that 60 percent fully achieved, 20 percent were partially achieved , and 20 percent were not achieved.

Review of the 1992-1993 action priorities revealed that 17 percent were fully achieved, and 83 percent were partially achieved. The explanation for this difference seems to be that as the action priorities became broader, exact measurement of achievement was more difficult to measure than when the action priorities were more specific. These analyses demonstrate that achievement is best measured when there is greater specificity in action statements. Additionally, more specific action statements do guide direction for the Campus in order to impact the strategic issues.

The fifth research question was: What has been the relationship between campus action priorities and departmental and area objectives, respectively? Inspection of the past three years campus plans revealed that each departmental and area objective did reflect an established campus action priority. In other words, objectives were more specific endeavors undertaken by a department or area to facilitate achievement of an action priority.

The sixth and seventh research questions were: How can the planning process be modified or enhanced to meet the needs of most people on Campus?; and How can the planning process be streamlined without damaging effectiveness? These two questions are addressed in the final section on Recommendations.

The eighth and final research question was: Are there specific areas in which campus personnel lack understanding of the planning process? Data analysis revealed that **comprehension**, or, the degree to which persons understand the planning and budget-related processes, was the second most prominent theme.

Questions centered around funding were asked three times as often as those asked in any other area. Individuals posed more questions related to the College system of distributing funds, as opposed to the Campus one. As previously stated, there are comprehension problems on the relationship between the unit plan and the campus plan, the overall purpose of a strategic plan and the origin and development of priorities in the campus plan.

RECOMMENDATIONS

This study evaluated the strategic planning process at the Medical Center Campus Miami-Dade Community College. Based on the findings, the following rationales and recommendations are offered for consideration toward improving the planning process:

I. Revise A Strategic Blueprint for Action.

RATIONALE: Throughout this eight-month study, the review of the literature and strategic plans of several institutions reiterated success with strategic planning when institutional goals were set in a five-year timeframe and priority initiatives related to these goals were set in an annual timeframe. In addition, strategic plans must include several critical components for effectiveness. These include: 1) a mission statement of the institution; 2) either institutional priorities or strategic issues; 3) goal statements; 3) objectives; 4) strategies, or activities, that support the goals and objectives; and 5) status reports that measure the effectiveness of the planning system (Wright and Garthwaite, 1986).

Although the document of the Medical Center Campus, A Strategic Blueprint for Action, does contain some of these components, it is not currently

presented in this format. It was also designed to guide the Campus throughout the 1990's and was not necessarily limited to any timeframe. As a result, there has been some difficulty on the part of campus personnel to identify it as a strategic plan.

RECOMMENDATION: The campus planning liaison, with input from the Campus Planning Council and the Community Advisory Council for Strategic Planning, will revise A Strategic Blueprint for Action so that it is presented on a five-year schedule and contains all of the essential components of a strategic plan. As in the current process, all campus personnel will have the opportunity to provide feedback on the revision, with final adoption by the Campus Executive Committee.

II. **Rename the annual campus plan.**

RATIONALE: The second most prominent theme revealed in the data analysis was the issue of comprehension, that is, the degree to which persons understand the planning process and college systems with which planning interfaces. Many questions centered around the function of the annual plan and the purpose of a strategic plan. To provide the annual campus plan with a different name will help campus personnel to distinguish between the five-year strategic plan and the annual operational plan.

RECOMMENDATION: Rename the annual campus plan, the Annual Campus Operational Plan.

III. **Modify the annual operational planning procedure.**

RATIONALE: Overwhelmingly, data analysis revealed that the most prominent theme in the study was the issue of **method**, that is, the degree to whichpersons perceive the procedure is efficient and effective in developing a consensus-based plan. The most commonly-voiced concern about the method of planning was that the process for developing the plan was far too **time-consuming**. Other concerns expressed around method were the **allocation of resources**, including the procedure utilized for making final decisions about resource allocations, and **lack of collaboration** with other planning units during the planning process.

It is critical to the success of the planning process that these concerns be considered seriously. The general outcome of any planning modifications must be to enable campus personnel to feel more influence over the planning process.

RECOMMENDATION: Modify the operational planning procedure so that it will proceed in the following manner:

1. Each planning unit (See Appendix C.) will meet with its work group (all members of the planning unit) for the purpose of developing an annual three-year operational plan. In the case of the Development Office, Teaching Learning Center and The Wellness Institute units, a meeting of the respective advisory committees will be convened for this purpose. The plan will include:

   a. a maximum of five (5) objectives, listed in priority order and

   b. resources needed to meet each objective, namely personnel, equipment and supplies. (Note: Specific model numbers of equipment and supplies will be deleted. Costs, in the present market, will be included.)

2. The campus president and each dean will then convene the heads of their respective planning units under her/his supervision to:

   a. share each other's plan;

   b. collaborate on joint requests for resources; and

c. consensually establish a maximum of ten (10) objectives in priority order, including the resources needed to fulfill them. (Note: These ten (10) objectives could be selected from those already developed by the units or derived from the group as a whole from their shared interests. These objectives, along with each unit plan in the respective area, will compose the area plan.)

3. The campus president and each dean will distribute the area plan to their respective planning units for perusal and feedback.

4. Each dean will submit her/his area plan to the campus president's office. All area plans along with those from the campus president's area will be compiled and distributed to the campus president and each dean in order to:

a. peruse each other's plans;

b. share the plans with the planning units in their respective areas for feedback; and

c. identify areas for collaboration on joint requests for resources in anticipation of decision making at the Campus Executive Committee level.

5. The campus president will convene the Campus Executive Committee to:

   a. share feedback from the planning units;

   b. take priority action on legitimate joint requests for resources; and

   c. consensually establish a maximum of ten (10) objectives in priority order, including the resources needed to fulfill them. (**Note**: These ten objectives could be selected from those already developed by the areas or derived from the group as a whole from their shared interests. <u>These objectives, along with all area and unit plans of the Campus, will compose the draft of the annual campus operational plan.</u>)

6. Final revision of the annual campus operational plan draft will occur as follows:

   a. the draft will be distributed to all members of the Campus Executive Committee;

b. the area heads, who are members of the Campus Executive Committee, will circulate the annual campus operational plan to each planning unit in their area for perusal and feedback;

c. the Campus Executive Committee will meet to consider this feedback for final revisions; and

d. the campus president's office will compile the final product for publication. (**Note**: <u>This document will compose the final annual campus operational plan.</u>)

7. The published annual campus operational plan will consist of:

a. the consensually agreed upon objectives by the Campus Executive Committee, including the needed resources to fulfill them;

b. the assignment of each objective to a designated member of the Campus Executive Committee who will be accountable for ensuring that progress is being made on the objective; and

c. each area's plan, followed by the plan of **all** planning units in the area.

8. **Upon receipt of funds or other allocations throughout the year,** the campus president and deans will convene to negotiate disbursement in accordance with the final annual campus operational plan. Decisions made at this time will be published and distributed to all campus personnel. In particular, reasons will be cited where resource allocation decisions have deviated from the published plan.

9. At the beginning of each planning cycle, planning units will provide statements of achievements directly related to the objectives of the preceding year.

IV. **Provide faculty and staff development on strategic and operational planning.**

RATIONALE: Again, the second most prominent theme revealed in the data analysis was the issue of comprehension, that is, the degree to which persons understand the planning process and college systems with which planning interfaces. Questions centered around funding were asked three times as often as those asked in other areas. As previously stated, the function of the plan and the establishment of priorities also prompted several questions.

Revision of A Strategic Blueprint for Action, renaming the annual campus plan and modification of the annual operational planning procedure will facilitate

better understanding of the planning process. Structured faculty and staff development activities will, however, provide significant assistance in this effort.

RECOMMENDATION: Provide the following faculty and staff development activities:

1. A presentation of the evaluation study at Winter Convocation will be made to all campus personnel. Include didactic material on strategic planning, operational planning and the college system of distributing funds.

2. The Teaching Learning Center will develop a planning manual to reflect the revised process.

3. An annual workshop will be conducted for all heads of planning units and other interested campus personnel for the purposes of:

    a. presenting the planning process;

    b. reviewing the planning manual; and

c. introducing the details of the new format to be utilized for operational planning.

4. The Teaching Learning Center director and campus planning liaison will train an individual selected by each planning unit (other than the planning unit head) to serve as a "planning process consultant". This individual will:

a. be well versed in the planning process;

b. assist the planning unit head in conducting planning unit meeting(s); and

c. promote more involvement of faculty and staff in the unit's planning process.

5. The Campus Executive Committee will finalize the team-building effort, in conjunction with the reorganization plan, to promote trust, involvement and communication throughout the Campus.

V. Future evaluation of the planning process

RATIONALE: The Medical Center Campus makes an extraordinary commitment of time and effort to the process of planning. Therefore, it will be in the best interest of the Medical Center Campus to reevaluate the planning process at some period of time subsequent to implementation.

RECOMMENDATION: Conduct an evaluation of the planning process adhering to the following schedule:

1. The campus planning liaison should convene an ad hoc committee, representative of campus personnel, to review the planning process at the end of the planning cycle each year.

2. A formal study to reevaluate the planning process should be conducted in the academic year of 1998-1999 to determine if the planning process is best serving the needs of the Campus.

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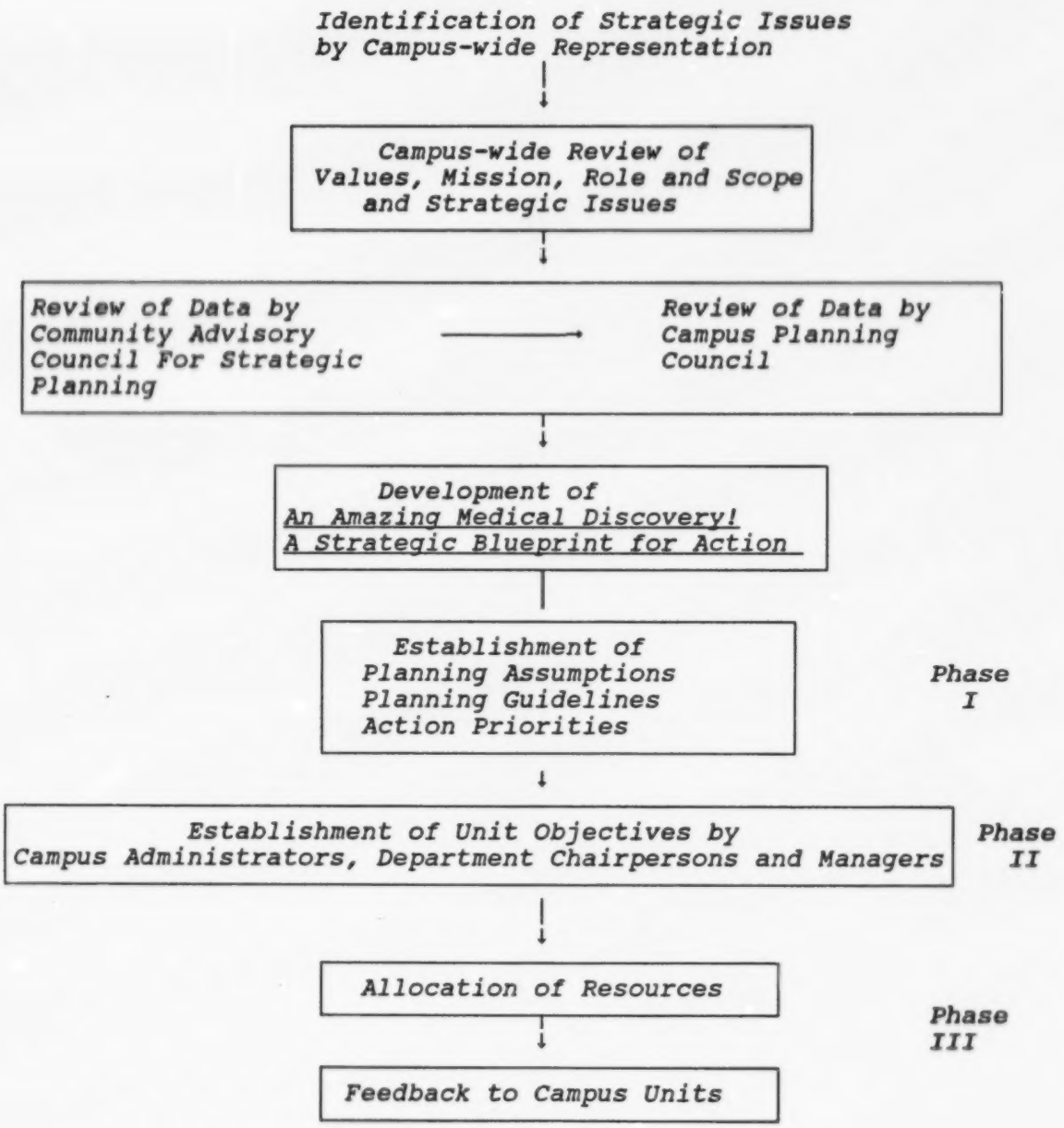
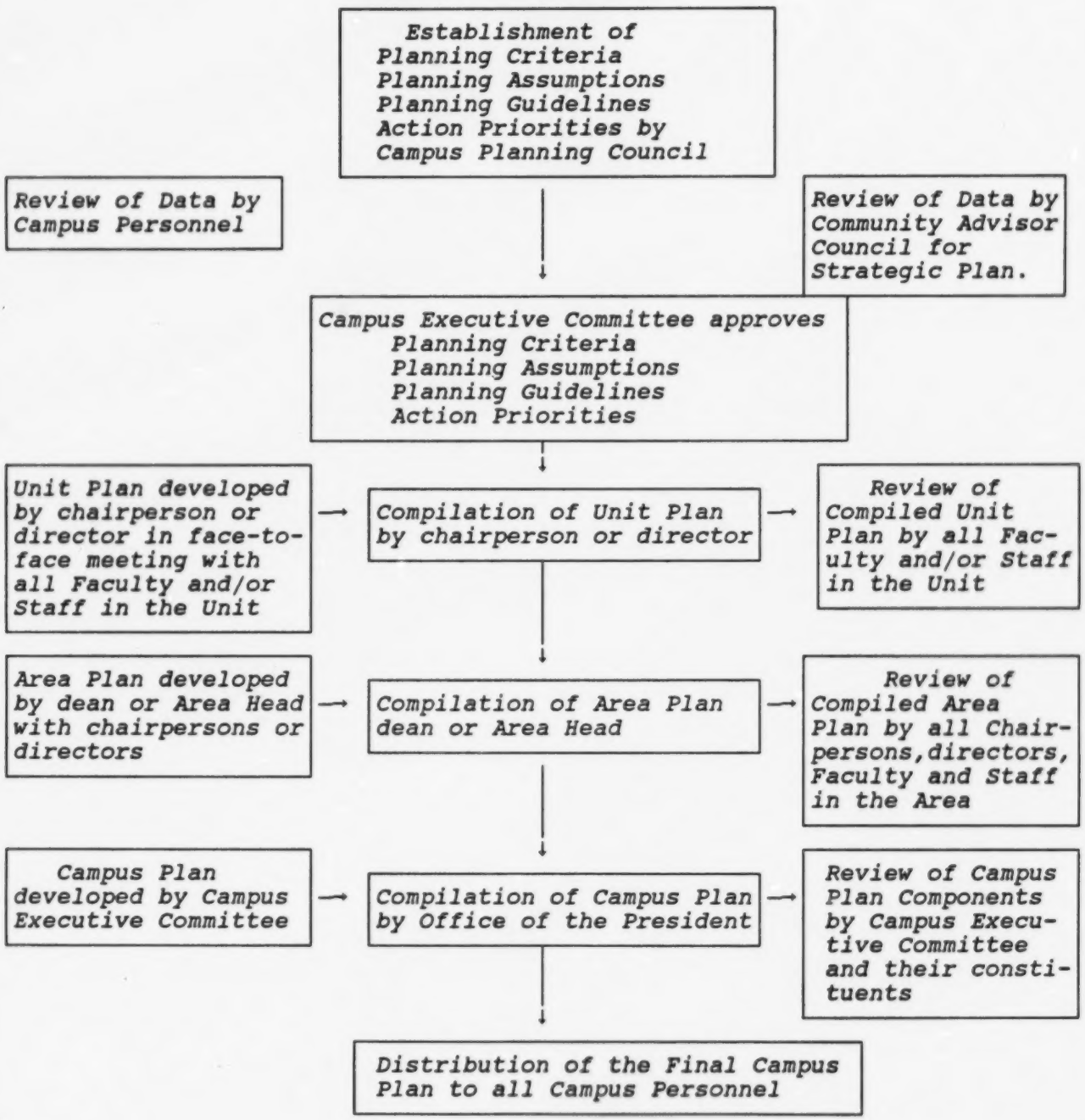
APPENDIX A

Medical Center Campus Planning Process
Overview


Identification of Strategic Issues by Campus-wide Representation
Campus-wide Review of Values, Mission, Role and Scope and Strategic Issues
Review of Data by Community Advisory Council For Strategic Planning
Review of Data by Campus Planning Council
Development of An Amazing Medical Discovery! A Strategic Blueprint for Action
Establishment of Planning Assumptions Planning Guidelines Action Priorities
Phase I
Establishment of Unit Objectives by Campus Administrators, Department Chairpersons and Managers
Phase II
Allocation of Resources
Phase III
Feedback to Campus Units

APPENDIX B

Medical Center Campus Annual Planning Process


Establishment of Planning Criteria Planning Assumptions Planning Guidelines Action Priorities by Campus Planning Council
Review of Data by Campus Personnel
Review of Data by Community Advisor Council for Strategic Plan.
Campus Executive Committee approves Planning Criteria Planning Assumptions Planning Guidelines Action Priorities
Unit Plan developed by chairperson or director in face-to-face meeting with all Faculty and/or Staff in the Unit
Compilation of Unit Plan by chairperson or director
Review of Compiled Unit Plan by all Faculty and/or Staff in the Unit
Area Plan developed by dean or Area Head with chairpersons or directors
Compilation of Area Plan dean or Area Head
Review of Compiled Area Plan by all Chairpersons, directors, Faculty and Staff in the Area
Campus Plan developed by Campus Executive Committee
Compilation of Campus Plan by Office of the President
Review of Campus Plan Components by Campus Executive Committee and their constituents
Distribution of the Final Campus Plan to all Campus Personnel

MEDICAL CENTER CAMPUS PLANNING UNITS

Each planning unit is designated by a number which precedes it:

CAMPUS PRESIDENT

1. Campus President's Office
2. Development Office
3. Teaching Learning Center
4. The Wellness Institute
5. Overtown Neighborhood Partnerships

DEAN FOR ADMINISTRATION

6. Dean for Administration's Office
   OSHA Blood-Borne Disease
7. Computer Management Services
8. Campus Services
   Mailroom
   PBX
9. Security
10. Audiovisual
    Duplicating
    Biomedical

APPENDIX C
2 OF 4

DEAN OF NURSING

11. Dean of Nursing's office
    Community Extension
    Post RN Opportunities
12. Generic
13. Laboratory
14. Transitional/Accelerated Option

STUDENT SUPPORT SERVICES

15. Dean of Student and Instructional Support Services' Office
    Emphasis on Excellence
16. Admissions/Registrar
17. Financial Aid
18. Recruitment
19. Advisement Services
    Student Development
20. Student Activities
    Performing Arts
21. Library
22. Alliance for Employee Advancement

APPENDIX C
3 OF 4

ARTS AND SCIENCES

23. Arts and Sciences Office
    Computer Laboratory
    Honors Program
24. General Education
25. Natural Sciences
26. Developmental Studies
27. Language Studies

DEAN OF ALLIED HEALTH TECHNOLOGIES

28. Dean of Allied Health Technologies' Office
29. Dental Hygiene
    Dental Laboratory Technology Management
30. Diagnostic Medical Sonography
31. Emergency Medical Services
    Paramedic
32. Health Information Management
    Health Services Management
    Coder Specialist
    Medical Record Transcribing
    Medical Assisting
33. Medical Laboratory Technology
    Phlebotomy Technician
34. Midwifery

35. Physical Therapist Assistant

36. Radiation Therapy Technology
    Radiation Therapy Specialist

37. Radiography
    Basic X-Ray Machine Operator

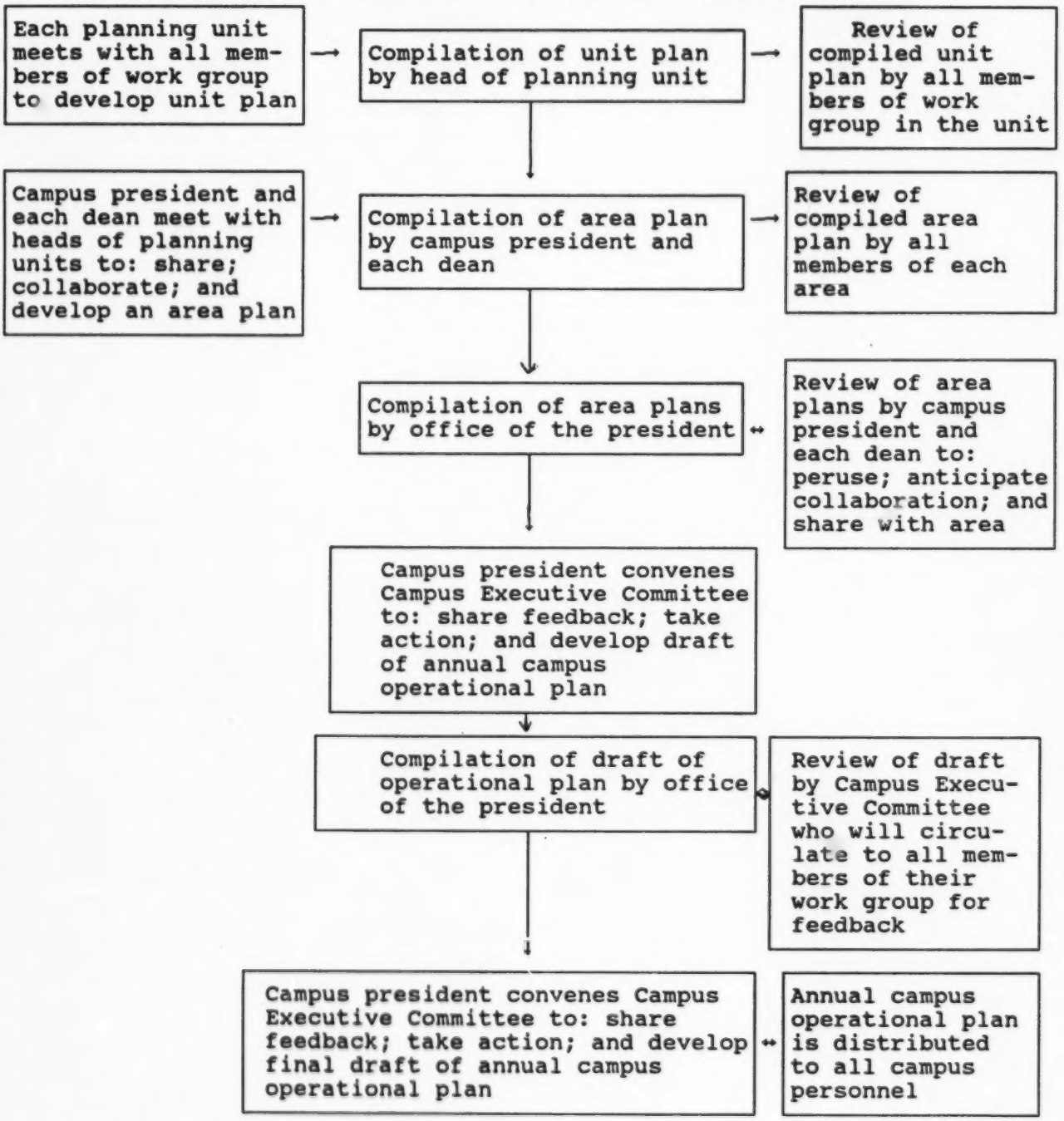
38. Respiratory Care
    Respiratory Care Technician
    Electrocardiograph Technology
    Pharmacy Technician
    Echocardiography (Supplemental)

39. Vision Care Technology/Opticianry
    Optometric Assistant

APPENDIX D

Medical Center Campus

Proposed Modified Annual Operational Planning Process


Each planning unit meets with all members of work group to develop unit plan
Compilation of unit plan by head of planning unit
Review of compiled unit plan by all members of work group in the unit
Campus president and each dean meet with heads of planning units to: share; collaborate; and develop an area plan
Compilation of area plan by campus president and each dean
Review of compiled area plan by all members of each area
Compilation of area plans by office of the president
Review of area plans by campus president and each dean to: peruse; anticipate collaboration; and share with area
Campus president convenes Campus Executive Committee to: share feedback; take action; and develop draft of annual campus operational plan
Compilation of draft of operational plan by office of the president
Review of draft by Campus Executive Committee who will circulate to all members of their work group for feedback
Campus president convenes Campus Executive Committee to: share feedback; take action; and develop final draft of annual campus operational plan
Annual campus operational plan is distributed to all campus personnel

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